

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Kindred Healthcare, Inc. PAC

ADDRESS (number and street)

680 S. Fourth St.

☐ Check if different
than previously
reported. (ACC)

Louisville

KY

40202

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00242271

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
06 01 2014

through

M M M / D D D / Y Y Y Y Y Y
06 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Hank Robinson

Signature of Treasurer

Hank Robinson

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 18 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 06 / 01 / 2014

To:

 M M / D D / Y Y Y Y
 06 / 30 / 2014

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, 2014 | | 90947.97 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 80407.67 | |
| (c) Total Receipts (from Line 19) | 8791.80 | 86251.50 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 89199.47 | 177199.47 |
| 7. Total Disbursements (from Line 31) | 0.00 | 88000.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 89199.47 | 89199.47 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

Report Covering the Period:

From:

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 01 | / | 2014 |

To:

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 30 | / | 2014 |

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

6584.80

60313.00

(ii) Unitemized

2207.00

25938.50

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

8791.80

86251.50

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

8791.80

86251.50

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

8791.80

86251.50

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

8791.80

86251.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 88000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 0.00 | 88000.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 0.00 | 88000.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 8791.80 | 86251.50 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 8791.80 | 86251.50 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 0.00 | 0.00 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Edward L Kuntz

Mailing Address 8807 Stable Crest Boulevard

City State Zip Code
Houston TX 77024-7035

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Chairman of the BOD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR1094183934010

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. David R Windhorst

Mailing Address 2000 Spring Farms Road

City State Zip Code
Floyds Knobs IN 47119-9722

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Financial Systems Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR1094185034010

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Lawrence I Wolf

Mailing Address 4721 N Clark Street #3S

City State Zip Code
Chicago IL 60640-7553

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Health Info Tech Strateg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR1094185134010

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

220.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Kathryn J Markham

Mailing Address 10602 Taylor Farm Ct

City

State

Zip Code

Prospect

KY

40059-9580

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Kindred Healthcare Inc.

VP IS Plan & Field Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR1094185634010

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Catherine A Gooch

Mailing Address 14516 Clear Meadow Court

City

State

Zip Code

Louisville

KY

40245-5264

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Kindred Healthcare Inc.

Sr Dir Fin Systems Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR1094185934010

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Patrick J Gillenwater

Mailing Address 402 Erin Drive

City

State

Zip Code

Jeffersonville

IN

47130-5290

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Kindred Healthcare Inc.

Dir IS Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR1094186434010

Amount of Each Receipt this Period

35.00

P/R Deduction (\$17.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

175.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Charles Wardrip

Mailing Address 2805 Chestnut Ridge Place

City State Zip Code
Louisville KY 40245-5307

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP & Chief Tech Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2014

Transaction ID : PR1094187934010

Amount of Each Receipt this Period

90.00

P/R Deduction (\$45.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Stephen M Dobler

Mailing Address 1106 Holly Springs Drive

City State Zip Code
Louisville KY 40242-7771

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP IS Finance & Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2014

Transaction ID : PR1094188034010

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Terry Carrico

Mailing Address 3011 Wolf Lair Court

City State Zip Code
New Albany IN 47150-9587

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Dir Clin Systems Devlp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2014

Transaction ID : PR1094188234010

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

330.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 28

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Martin Ardron

Mailing Address 41 La Sierra Dr.

| | | |
|----------------|-------|------------|
| City | State | Zip Code |
| Phillips Ranch | CA | 91766-4703 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
DVP HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 30 | / | 2014 |

Transaction ID : PR1094189134010

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Jan Turk

Mailing Address 1314 Amelia St.

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| New Orleans | LA | 70115-3617 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Resource CEO HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 30 | / | 2014 |

Transaction ID : PR1094190034010

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Larry FosterMailing Address 1134 W. Granville Avenue
Unit 815

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Chicago | IL | 60660-5049 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Chief Executive Off III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 30 | / | 2014 |

Transaction ID : PR1094190334010

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

290.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Theodore Welding

Mailing Address 2448 Middle River Dr.

City

Ft Lauderdale

State

FL

Zip Code

33305-2729

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Market CEO III HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR1094191334010

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Sean R Muldoon

Mailing Address 239 Fairfax Avenue

City

Louisville

State

KY

Zip Code

40207-3856

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP & Chief Med Off HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR1094192234010

Amount of Each Receipt this Period

380.00

P/R Deduction (\$190.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Joel W Day

Mailing Address 2017 Spring Farms Drive

City

Floyds Knobs

State

IN

Zip Code

47119-9723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP CFO NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR1094193134010

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

530.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Susan Moss

Mailing Address 161 Westwind Road

City

Louisville

State

KY

Zip Code

40207-1545

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP Mktg & Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR1094193334010

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Charles Michael Grannan

Mailing Address 7109 Cannonade Court

City

Prospect

State

KY

Zip Code

40059-9332

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Purchasing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR1094193934010

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mary Suzanne Riedman

Mailing Address 4308 Hampton Creek Drive

City

Louisville

State

KY

Zip Code

40241-6423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Gen Coun & CDO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR1094194234010

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

190.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 28
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Mary L Dennison

Mailing Address 4678 Mount Eden Road

City State Zip Code
 Shelbyville KY 40065-9331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Mgr Reimbursement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR1094194834010

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Michael J Bean

Mailing Address 4304 Hill Top Road

City State Zip Code
 Louisville KY 40207-2222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Tax Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR1094195134010

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Anne S Woods

Mailing Address 7420 Falls Ridge Ct.

City State Zip Code
 Louisville KY 40241-6400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Internal Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR1094195434010

Amount of Each Receipt this Period

90.00

P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

210.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. John Lucchese

Mailing Address 14401 Broad Oak Place

City

Louisville

State

KY

Zip Code

40245-5136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP & Chief Accting Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR1094195934010

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Joseph Landenwich

Mailing Address 1822 Casselberry Road

City

Louisville

State

KY

Zip Code

40205-1632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Co Gen Counsel & Corp Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR1094196334010

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Arthur L Rothgerber

Mailing Address 8325 Regency Woods Way

City

Louisville

State

KY

Zip Code

40220-3817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP Reimbursement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR1094196434010

Amount of Each Receipt this Period

46.00

P/R Deduction (\$23.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

358.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Linda M O'Bryan

Mailing Address 1614 Sylvan Way

City

Louisville

State

KY

Zip Code

40205-2437

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Patient Care & Qual HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR1094196734010

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Brian L Caudill

Mailing Address 1647 Beechwood Avenue

City

Louisville

State

KY

Zip Code

40204-1321

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Dir HD Reimb

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR1094197334010

Amount of Each Receipt this Period

52.00

P/R Deduction (\$26.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. William M Altman

Mailing Address 9103 Lexington Lane

City

Louisville

State

KY

Zip Code

40241-2423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

EVPStrategyPolicy&IntCare

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR1094198034010

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

476.60

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Michael Comer

Mailing Address 12 Lewis

| | | |
|--------|-------|------------|
| City | State | Zip Code |
| Irvine | CA | 92620-3362 |

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP & CFO West Reg HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 30 | / | 2014 |

Transaction ID : PR1094200434010

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Steven MonaghanMailing Address 222 East Witherspoon Drive
#1203

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Louisville | KY | 40202-6318 |

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

President-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1868.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 30 | / | 2014 |

Transaction ID : PR1094200734010

Amount of Each Receipt this Period

312.00

P/R Deduction (\$156.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. John Miner

Mailing Address 4730 Dunnin Drive

| | | |
|-------|-------|------------|
| City | State | Zip Code |
| Tampa | FL | 33614-1496 |

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr CFO I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 30 | / | 2014 |

Transaction ID : PR1094202134010

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

422.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Charles D Doten

Mailing Address 7644 Harbour Blvd.

City

Miramar

State

FL

Zip Code

33023-6566

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Chief Executive Off II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR1094203634010

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Timothy L Simpson

Mailing Address 2924 Majestic Oaks Lane

City

Green Cove Springs

State

FL

Zip Code

32043-8329

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

DVP HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR1094204334010

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Anita Tillery

Mailing Address 3512 Raytee Drive

City

Chesapeake

State

VA

Zip Code

23323-1232

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Executive Dir II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR1094211034010

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Michael W Beal

Mailing Address 10 Glenwood Road

City

Windham

State

NH

Zip Code

03087-1162

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

President NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR1094214134010

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Julie Butenko

Mailing Address 1835 Franklin Street # 303

City

San Francisco

State

CA

Zip Code

94109-3455

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc

Occupation

DVP NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR1094216934010

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Gloria J Miller

Mailing Address 3528 Rhett Butler Place

City

Charlotte

State

NC

Zip Code

28270-4424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

DVP NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR1094222134010

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 28

(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Patricia M McGillan

Mailing Address 510 Altagate Rd

City

Louisville

State

KY

Zip Code

40206-2969

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Pat Saf & Reg Compl HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 30 | / | 2014 |

Transaction ID : PR1094229934010

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Edward J Goddard

Mailing Address 32 Peters Lane

City

Wrentham

State

MA

Zip Code

02093-1036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Labor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 30 | / | 2014 |

Transaction ID : PR1094233534010

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Tamila Johnson-White

Mailing Address 2615 Zhale Smith Rd.

City

Lagrange

State

KY

Zip Code

40031-8098

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

DVP Case Mgmt NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 30 | / | 2014 |

Transaction ID : PR1094235434010

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶

140.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 28
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Douglas Roth

Mailing Address 3272 E. Germana Circle

City State Zip Code
Sandy UT 84093-2150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
VP Finance West Reg NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2014

Transaction ID : PR1094237334010

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Brian Newman

Mailing Address 953 Francis Avenue

City State Zip Code
Bexley OH 43209-2419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
DVP East Region HCH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2014

Transaction ID : PR1094243334010

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Raymond J Sierpina

Mailing Address 14 Westwind Road

City State Zip Code
Louisville KY 40207-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
SVP Pub Pol & Gov Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2014

Transaction ID : PR1094246634010

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

320.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Steven Tanner

Mailing Address 1059 Mt Vernon Dr

City

Greenwood

State

IN

Zip Code

46142-4718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Market Executive Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR1094246834010

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Benjamin A Breier

Mailing Address 5400 Farm Ridge Lane

City

Prospect

State

KY

Zip Code

40059-7617

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

President&COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR1094250934010

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Steve Ross

Mailing Address 3220 Park Dr.

City

Columbia City

State

OR

Zip Code

97018-9747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Executive Dir I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR1135252634010

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

464.60

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Josephine Litzenberger

Mailing Address 11401 Dr. M.L.K. Jr. Street N.
Apt 1201

City State Zip Code
St Petersburg FL 33716-2313

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Cnslt Mgd Care Contrac

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

MM / DD / YYYY
06 / 30 / 2014

Transaction ID : PR1135286934010

Amount of Each Receipt this Period

36.00

P/R Deduction (\$18.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Rachael L Parker

Mailing Address 70 Birch Ridge Rd

City State Zip Code
Westford VT 05494-9788

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Executive Dir II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY
06 / 30 / 2014

Transaction ID : PR1150411134010

Amount of Each Receipt this Period

40.00

P/R Deduction (\$10.00 Weekly)

Full Name (Last, First, Middle Initial)

C. Russell D Ragland

Mailing Address 9902 Palace Green Way

City State Zip Code
Vienna VA 22181-5914

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP Finance NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
06 / 30 / 2014

Transaction ID : PR1267998134010

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

126.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Pamela A. Adams

Mailing Address 5912 Mercury Dr

City

Louisville

State

KY

Zip Code

40291-2293

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Dir Fin Systems Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR1408953234010

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Katherine W Gilchrist

Mailing Address 1668 Victory Court

City

Prospect

State

KY

Zip Code

40059-9175

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP Finance RHB

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR1524244434010

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. David M Mikula

Mailing Address 4616 Hallmark Drive

City

Dallas

State

TX

Zip Code

75229-2940

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP Enterprise Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR1774751734010

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

230.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Philip B Ragsdell

Mailing Address 12004 Log Cabin Lane

City State Zip Code
Louisville KY 40223-2218

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare

Occupation

Dir Customer Supp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR1784229534010

Amount of Each Receipt this Period

44.00

P/R Deduction (\$22.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Lawrence J. Toye

Mailing Address 3 September Lane

City State Zip Code
Burlington MA 01803-1819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare

Occupation

Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR1784230834010

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Carol Falo

Mailing Address 7041 Clubview Dr

City State Zip Code
Bridgeville PA 15017-3600

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare

Occupation

Chief Clinical Off II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR1784231534010

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

124.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Kelly A Priegnitz

Mailing Address 160 South St. Gregory Church Road

City State Zip Code
 Samuels KY 40013-7455

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

SVP & Chief Counsel NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 06 30 2014

Transaction ID : PR1950875234010

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Matthew B Steinberg

Mailing Address 9009 Anemone Drive

City State Zip Code
 Prospect KY 40059-6576

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

VP Litigation Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 06 30 2014

Transaction ID : PR1961243234010

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Jeffrey M Jasnoff

Mailing Address 9012 Coltsfoot Trace

City State Zip Code
 Prospect KY 40059-7672

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

SVP Human Resources Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 06 30 2014

Transaction ID : PR1961243334010

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

180.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Jeffrey P Stodghill

Mailing Address 2002 Kenilworth Place

City

Louisville

State

KY

Zip Code

40205-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

VP & Corporate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR1961243434010

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. James T Flowers

Mailing Address 4020 Gilman Avenue

City

Louisville

State

KY

Zip Code

40207-2112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

VP Corp Dev & Fin Plan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR1975144134010

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Linda R Kurland

Mailing Address 6109 Forest Lane

City

Fort Worth

State

TX

Zip Code

76112-1062

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

Region Vice President SRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR1983484234010

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

360.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Michael J Dixon

Mailing Address 2694 Whitetail Ln

City

O Fallon

State

MO

Zip Code

63368-7139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

DVP Sales RHB

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 30 | / | 2014 |

Transaction ID : PR1983484334010

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Weekly)

Full Name (Last, First, Middle Initial)

B. James M Douthitt

Mailing Address 160 N Sappington Rd

City

Saint Louis

State

MO

Zip Code

63122-4854

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

SVP Operations SRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 30 | / | 2014 |

Transaction ID : PR1983484434010

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Patricia M HenryMailing Address 2555 N Pearl St
#502

City

Dallas

State

TX

Zip Code

75201-2244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

EVP President RehabCare

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1235.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 30 | / | 2014 |

Transaction ID : PR1983484534010

Amount of Each Receipt this Period

190.00

P/R Deduction (\$95.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

270.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Sherrie Sharp

Mailing Address 11 Talais Drive

City

Little Rock

State

AR

Zip Code

72223-9129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

Region Vice President SRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR1983484634010

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Weekly)

Full Name (Last, First, Middle Initial)

B. Jovena Stucker

Mailing Address 5851 Midnight Moon Dr

City

Frisco

State

TX

Zip Code

75034-0715

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

Region Vice President SRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

524.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR1983484734010

Amount of Each Receipt this Period

54.00

P/R Deduction (\$27.00 Weekly)

Full Name (Last, First, Middle Initial)

C. Mary Claire Willman

Mailing Address 440 Belleview Avenue

City

Saint Louis

State

MO

Zip Code

63119-3621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

DVP Sales RHB

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR1983484834010

Amount of Each Receipt this Period

90.00

P/R Deduction (\$45.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

194.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Stephen R Cunanan

Mailing Address 7913 Farm Spring Drive

City

State

Zip Code

Prospect

KY

40059-7616

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Chief People Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2275.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR2151070234010

Amount of Each Receipt this Period

350.00

P/R Deduction (\$175.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Stephen Farber

Mailing Address 3611 Glenview Avenue

City

State

Zip Code

Glenview

KY

40025-7502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

Exec VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

06 / 30 / 2014

Transaction ID : PR2201869634010

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

734.60

6584.80